



Department of Veterans Affairs

REQUEST AND/OR RECEIPT FOR CUSTOM-MADE ORTHOPEDIC SHOES OR
LASTING, BOTTOMING AND FINISHING CUSTOM-MADE SHOESTO:
Supply OfficerFROM:
Orthopedic Shoe Service, VAPC
252 7th Avenue, New York, NY 10001

- ☐
- SC
-
- ☐
- INITIAL
-
- ☐
- REPLACEMENT
-
- ☐
- NSC

ORTHOPEDIC SHOES

☐ CUSTOM-MADE ORTHOPEDIC SHOES ☐ LASTING BOTTOMING AND FINISHING, CUSTOM-MADE ORTHOPEDIC SHOES

ITEM NO.	SCHEDULE A						QT.	UNIT	UNIT COST	TOTAL COST
	STYLE	TIP	COLOR		LEATHER					
	<input type="checkbox"/> LOW QUARTER	<input type="checkbox"/> PLAIN TOE	<input type="checkbox"/> BLACK		<input type="checkbox"/> CALF					
	<input type="checkbox"/> 3/4 CHUKKA	<input type="checkbox"/> MOCCASIN	<input type="checkbox"/> BROWN		<input type="checkbox"/> RETAN					
	<input type="checkbox"/> HIGH QUARTER	<input type="checkbox"/> STRAIGHT	<input type="checkbox"/> MAHOGANY		<input type="checkbox"/> SCOTCH GRAIN					
	<input type="checkbox"/> BOOTS	<input type="checkbox"/> WING	<input type="checkbox"/> OX BLOOD		<input type="checkbox"/> KANGAROO					
	<input type="checkbox"/> BLUCHER	<input type="checkbox"/> U-TIP	<input type="checkbox"/> TAN		<input type="checkbox"/> KID					
	<input type="checkbox"/> BAL		<input type="checkbox"/> CORDOVAN		<input type="checkbox"/> SUEDE					
	SCHEDULE B									
	CORK EXTENSION	LEFT	HEEL	INSIDE BALL	OUTSIDE BALL	TOE		EACH		
	<input type="checkbox"/> INSIDE									
	<input type="checkbox"/> OUTSIDE	RIGHT	HEEL	INSIDE BALL	OUTSIDE BALL	TOE		EACH		
								EACH		
								EACH		

ADDITIONAL INFORMATION OR INSTRUCTIONS

TOTAL COST

\$

VETERAN'S NAME AND STATION OF JURISDICTION

NAME OF VENDOR AND CONTRACT NO.

DATE SHOES REQUIRED

DATE

RECEIPT ACTION

I CERTIFY that the above quantities have been received.

SIGNATURE OF APPROVING OFFICIAL

DATE

SIGNATURE OF RESPONSIBLE OFFICIAL OR DESIGNEE

DATE

SUPPLY ACTION

APPROPRIATION: 1040-36 0180,001

PURCHASE NO.

PURCHASE DATE

☐ The articles or services listed hereon have been received or rendered and in the quantity or quality specified originally or as shown by authenticated changes, except as noted.

SIGNATURE OF STOREKEEPER

DATE

I CERTIFY that the resultant contract is authorized by law and within the limits of my authority.

SIGNATURE OF CONTRACTING OFFICER

SIGNATURE OF ACCOUNTABLE OFFICER

DATE